

THE RELATIONSHIP BETWEEN RACIAL IDENTITY DEVELOPMENT AND  
MULTICULTURAL COUNSELING COMPETENCY:  
A LONGITUDINAL ANALYSIS

By  
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Previously, Vinson and Neimeyer documented a significant relationship between racial identity development and multicultural counseling competency. This study examined the status of that relationship after two years. Participants were solicited from the sample of counseling psychology graduate students from several universities who completed the previous study. Each trainee completed a racial identity measure (White Racial Identity Attitudes Scale or People of Color Racial Identity Attitudes Scale), a multicultural counseling competency measure (Multicultural Counseling Awareness Scale), a social desirability measure (Motivation to Control Prejudiced Reactions Scale), a social network questionnaire and demographic questionnaire. Results indicated that students overall increased their multicultural counseling competency, and moved toward

more sophisticated levels of racial identity development. Although White trainees continued to exhibit a similar relationship pattern theoretically consistent with the literature, Non-White trainees results' were incongruent. Finally, analyses were conducted on the stability of racial identity development and multicultural counseling competency over time. Results indicated that the multicultural counseling competency measure demonstrated significant reliability over the two-year time period, while both racial identity development measures did not. Possible explanations for these results, limitations to the study, and future directions for research were discussed.

## INTRODUCTION

The relationship between racial identity development and multicultural counseling competency has received increased attention in recent years. Studies have shown that more advanced levels of racial identity development are positively correlated with higher degrees of multicultural knowledge, awareness, and skills (Ottavi et al., 1994; Neville et al., 1996; Vinson & Neimeyer, In press). However, questions still remain about the stability of this relationship over time. The primary purpose of this paper is to provide the first longitudinal investigation of the relationship between multicultural counseling competency and racial identity development.

Multicultural counseling competency and racial identity development have been thought to be related since the stirrings of the multicultural counseling movement in the 1950s and 1960s. Jackson (1995) surveyed articles in counseling journals from the 1950s that emphasized the importance of the recognition of one's own culture in counseling. Before the 1950s, the counseling profession was largely ethnocentric, with the White/Anglo-American culture being the norm and other cultures being viewed as deviant. At least since the time of Wrenn (1962), however, counselors have been asked to recognize their "cultural encapsulation" and work to overcome it. With this emphasis came the recognition of culture as an integral part of one's person--no doubt helped along



by the Civil Rights Movement. Multicultural counseling developed in relation to this recognition, quickly evolving to occupy a position of prominence and centrality within the field of counseling and counseling psychology (Heath, Neimeyer, & Pedersen, 1988; Neimeyer & Norcross, 1997; Vinson & Neimeyer, In press). Consequently, with this came the desire to quantify multicultural counseling competency. Sue et al. (1982) were among the first to outline the components of multicultural counseling competency, including cultural awareness, knowledge, and skills. *Cultural awareness* involves a therapist's move toward cognizance of his/her own cultural background and sensitivity toward others' differences. *Knowledge* involves an understanding of the background of his/her clients, and the relevant information that could affect the therapeutic relationship. Finally, *skills* consists of the ability to use strategies to work within clients' cultures effectively. Thus, the direction for multicultural counseling assessment was established, eventually leading to the development of instruments such as the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin & Wise, 1994), the Multicultural Awareness-Knowledge-and-Skills Survey (MAKSS; D'Andrea, Daniels & Heck, 1991), and the Multicultural Awareness Scale (MCAS; Ponterotto, Sanchez & Magids, 1991), among others.

Jackson (1995) defines multicultural counseling as "counseling that takes place between or among individuals from different cultural backgrounds" (p.3). Given this definition, multicultural counseling competency is commonplace since, as Sue et al. (1982) noted, "every counseling/therapy interaction is slightly cross-cultural" (p. 47). Jackson (1995) also states that multicultural competency is imperative to the collaborative

relationship between therapist and client because it enhances therapeutic understanding and empathy. In essence, one can more effectively understand another if he or she possesses knowledge of their background and subsequent experiences.

Another factor leading to the importance of multicultural counseling is the rapid change in this country's demographics, with the population of ethnic minorities greatly increasing (Fox, Kovacs, & Graham, 1985). Sue et al. (1982) predicted that more than one third of the United States population would be racial or ethnic minorities by the year 2000. Additionally, the US Bureau of Census (1992) has reported that racial minorities will become a numerical *majority* by the year 2050. These drastic changes in the demographic composition of this society indicate that work with minorities will become increasingly more common.

In addition to its presumed relationship to the therapeutic alliance, multicultural counseling competency is also associated with other positive variables. Although the role of cross-cultural factors in therapeutic outcome is not yet clear (Neimeyer & Gonzales, 1983), greater cross-cultural competence has been related to higher levels of client diversity (Sodowsky, Taffe, & Gutkin, 1991), greater cultural sensitivity (Pomales, Claiborn, & LaFromboise, 1986), and more advanced levels of racial identity development, or, cultural self-knowledge (Vinson & Neimeyer, In press; Neville, Heppner, Louie, Thompson, Brooks & Baker, 1996; Ottavi, Pope-Davis, & Dings, 1994)--which is the focus of the present study.

In the Sue et al. (1982) paper outlining multicultural counseling competency, the first characteristic of the culturally skilled counselor was "one who has moved from being

culturally unaware to being aware and sensitive to his/her own cultural heritage” (p.49).

What the authors were describing is a developed sense of racial identity. Racial identity is defined by Phinney and Tarver (1989) as “one’s sense of belonging to an ethnic group and the part of one’s thinking, perceptions, feelings, and behavior that is due to ethnic group membership” (p.13). Its importance is identified by Sue et al. (1998), when they stated:

A...theoretical and research direction termed *racial identity development* focuses on understanding how both clients and counselors come to accept themselves as racial beings in a racist society. It is now believed that racial identity development is a central component of counseling training, for all trainees, regardless of race or geographic locale. (p. 79)

Racial identity development has been linked with multicultural counseling competency, as previously discussed. A component of multicultural counseling competency is *awareness*, which includes awareness of oneself and knowledge of where that individual fits in the complex racial system in this society. More advanced levels of racial identity development are associated with higher levels of awareness regarding one’s own race and how it influences their relationships with others (Helms, 1996). It is likely, then, that racial identity development would correlate with the awareness component of multicultural counseling competency independent of knowledge and skills (see Neville et al., 1996). Consistent with this reasoning, Sadowsky, Taffe, Gutkin, and Wise (1994, p.137) named racial identity development as a “significant underlying construct” of multicultural counseling competence. Sue et al. (1998) stated in their “manual” of multicultural counseling competency:

Multicultural counseling competence is...knowing that the ultimate goal of healthy White development is related to overthrowing the negative cultural conditioning of socialization, understanding self as a racial/cultural being, being aware of

sociopolitical influences with respect to racism and how it affects intergroup relations, having an appreciation of racial/cultural diversity, increasing commitment toward eradicating oppression. (p. 47)

and further:

Multicultural counseling competence is...knowing that healthy minority development is related to overcoming internalized racism, understanding self as a racial/cultural being, being aware of sociopolitical forces of oppression and how it affects intergroup relations, appreciating racial/cultural diversity, and increasing commitment to social action. (p. 67)

The concept of racial identity development has developed over the last 15 years, but only recently has it achieved notoriety with the extensive work by Helms (1990). Unlike linear progression models such as multicultural counseling competency, her models for racial identity development describe patterns in which individuals "spiral up" towards more advanced statuses. After reaching certain plateaus in their development, people may have experiences that cause them to draw from other levels, although never quite losing all that they have gained in the process. Helms' research developed widely accepted models of racial identity development for both Black and White Americans, as well as instruments to assess racial identity within these populations.

As mentioned above, empirical research has documented a positive relationship between multicultural counseling competency and racial identity development (Neville et al., 1996; Ottavi et al., 1994, Vinson & Neimeyer, In press). This research has suggested that more advanced levels of racial identity development are positively correlated to higher levels of multicultural counseling competency. Similarly, more advanced levels of racial identity development are negatively correlated to less sophisticated levels of multicultural

counseling competency. These findings suggest the value associated with the examination of one's own culture and the relationship of that culture on the therapeutic process and outcome. These results also suggest that the assessment of racial identity development might become a more significant, or essential component of professional training in counseling psychology with the acknowledgment of this construct as a potential complement to other therapy skills.

Although these studies document a relationship between these two concepts, they suffer from two major limitations. First, studies such as Ottavi et al. (1994) and Neville et al. (1996) limit their findings to an ethnic majority population. This sampling limits the generalizability of their findings to an ethnic minority population. Second, although the Vinson and Neimeyer (In press) study extended the study to include an ethnic minority sample, it addressed the relationship at only one point in time. This limitation of a cross-sectional design does not allow one to examine changes in racial identity, the development of multicultural competency, or the relationship between these variable across time.

The purpose of this research is to expand on previous studies of the relationship between racial identity development and multicultural counseling competency. Specifically, this study will examine the stability of the levels of racial identity development and multicultural counseling competency, and the relationship between the two variables across a two-year period of time. Pretest data were collected by Vinson and Neimeyer in 1997 (see Vinson & Neimeyer, In press). At the time of the original study, the participants were beginning the first year of their respective doctoral programs in

counseling psychology. They had varying levels of multicultural training and experience, and had differing levels of racial identity development.

The results of that study were significant: higher levels of multicultural counseling competency were related to more advanced levels of racial identity development. Moreover, multicultural counseling competency and racial identity development were both correlated with levels of multicultural training and overall competency in multicultural and general counseling.

The current study provides a longitudinal follow-up of participants originally sampled in 1997. We expected that members of the original sample would have all participated in some form of multicultural training by the time of the current sampling, and that this experience would be linked to a number of changes in counseling competence. Sodowsky et al. (1998) documented that self-reported multicultural skills, multicultural awareness and multicultural knowledge all increase with multicultural training. Additionally, the research by Steward et al. (1998b) stated that multicultural counseling training significantly influences ratings of counseling competence among White counselors. As a result, we expected an overall increase in multicultural experience and competency. We also expected similar increases in levels of racial identity development, as Parker, Neimeyer and Moore (1999) and Neville et al. (1996) found that racial consciousness increases with multicultural training. Moreover, no data to date have examined the long-term stability of measures of racial identity development so this study provides the first available data in this regard. Finally, and most importantly, this study

provides the first longitudinal data concerning the relationship between racial identity development and multicultural counseling competency.

In short, the purpose of this study is to investigate the relationship between racial identity development and multicultural counseling competency and their stability over time. After an exploratory examination of the representativeness of the current sample as compared to population from which it was drawn, the hypotheses were that 1) both the racial identity measures and the multicultural counseling competency measures will display reliability over time, 2) trainees will increase racial identity development across time, 3) trainees will increase multicultural awareness and skills across time, 4) White and Non-White trainees will exhibit similar levels of reported variables, and 5) that the relationship itself between the racial identity development and multicultural counseling competency will remain consistent across time.

## LITERATURE REVIEW

The review of the literature was divided into sections based on the previously stated hypothesis. This includes multicultural counseling competency and its assessment, racial identity development, and the relationship between the two variables.

### Multicultural Counseling Competency

#### Components of Multicultural Counseling Competency

Seeing the need for checkpoints for multicultural counseling competency, Sue, Bernier, Durran, Feinberg, Pedersen, Smith and Nuttall (1982) devised characteristics of culturally skilled counseling psychologists. This ground breaking paper separated these guidelines into three main categories: *Beliefs/Attitudes* (later called *Awareness*), *Knowledges*, and *Skills*. Each component was further broken down into smaller segments. In the Beliefs/Attitudes section, counselors should be aware of their own culture and be sensitive to that heritage so that they can value differences. They should know their own values and consider how those biases could potentially affect clients. Culturally skilled counselors are comfortable with differences, but are also aware of situations that could merit referral. As stated previously, Beliefs/Attitudes has changed to *Awareness*.

Culturally skilled counselors must also be knowledgeable. They are knowledgeable of “the sociopolitical system’s operation in the United States with its



respect to its treatment of minorities” (Sue et al., 1982, p. 50). They are knowledgeable of therapy characteristics in general, and cognizant of the characteristics of their clients’ culture and circumstances that generally inhibit people of color from taking advantage of mental health services.

There are also specific skills that culturally skilled counselors should possess. Counselors should have many verbal and non-verbal responses and should be able to use them “accurately and appropriately” (Sue et al., 1982, p. 50). A counselor should also be skilled in intervention when necessary (Sue et al., 1982). A study by Menapace (1998) examined specific variables that affected White therapists’ treatment of Black clients, and found that besides clinical experience with African-Americans and multicultural relationship, level of multicultural counseling skills was one of the best predictors of effective treatment of Black clients by White psychotherapists.

#### Measurement of Multicultural Counseling Competency

This three-faceted model has served as the model for the development of several instruments. In fact, the only three self-report multicultural counseling competency inventories in the published literature are based on the model. One of the more popular multicultural counseling competency measures is the Multicultural Counseling Inventory (Sodowsky et al., 1994). This 40-item inventory uses a 4-point scale to measure multicultural counseling competency across four areas: multicultural counseling skills, knowledge, awareness, and relationship. These four factors were identified after exploratory factor analysis on his initial sample of over 600 people. Reliability for the four factors in this initial sample was .83, .79, .83, and .71, respectively.

The Multicultural Awareness-Knowledge-and-Skills Survey (D'Andrea et al., 1991) is another instrument created for the purpose of measuring multicultural counseling competency. This instrument contains 8 demographic questions and 60 items divided into three subscales: Awareness, Knowledge, and Skills. The items are presented in a multiple-choice format, including questions such as "At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?"

Yet another instrument is the Multicultural Counseling Awareness Scale--Form B: Revised Self-Assessment (Ponterotto et al., 1991). This instrument consists of 45 items in which the counselor rates him/herself on a 7-point likert scale. This measure is a revised version of the MCAS, a 70-item instrument.

#### Multicultural Counseling Competency in Psychology Training

Recently, more general research has included investigating the role of multicultural counseling competency in the training of future counseling professionals. Coleman (1998) questioned whether multicultural counseling competency is even a separate entity from general counseling competence. Using 189 undergraduate and graduate students, the investigator played two videotaped counseling vignettes--one to demonstrate general competence and the other to demonstrate cultural sensitivity-- and had the students rate the counselors' multicultural and general counseling competence. Results suggested that "culturally neutral counseling does not exist" (p.153). That is, participants felt the counselor that was more culturally sensitive demonstrated greater multicultural competence as well as general counseling competence.

Following on the theme that multicultural counseling competence is essential and aids in general counseling competence, Constantine and Gloria (1998) examined the extent to which multicultural issues are addressed in predoctoral internships. By questionnaire, the investigators determined that university counseling centers more frequently addressed multicultural issues than other internship settings. A study was also conducted measuring students' perceptions of their programs' multicultural training. Constantine, Ladany, Inman, and Ponterotto (1998) administered the Multicultural Competency Checklist to 178 doctoral students. Results indicated that although students generally believed that their programs had available multicultural courses and interested faculty, they did see a need for more leadership from faculty regarding multicultural issues and more integration between multicultural issues and general counseling knowledge.

Steward, Morales, Bartelli, Miller, and Weeks (1998) investigated whether the exposure to multicultural coursework led to valuing multiculturalism. Forty-eight White graduate students completed a questionnaire addressing their feelings about diversity, multiculturalism, and competence. Results of the survey suggested that mere exposure to multicultural coursework or literature does not precipitate acceptance of multiculturalism and diversity.

#### Increases in Multicultural Counseling Competency

If mere exposure does not facilitate the increase in multicultural counseling competency, how then does it increase? Several researchers have examined this question. Carlson, Brack, Laygo, Cohen, and Kirkscey (1998) found that graduate students with increased multicultural client contact perceived themselves as having greater multicultural

counseling competence, as well as confidence in their abilities. Most frequently, however, research focuses on multicultural training as a factor affecting greater multicultural competence. Klausner (1998) investigated changes in knowledge of multicultural issues after a 16-week graduate training course. Results indicated that students reported greater knowledge of their own attitudes concerning diversity, and the impact of culture on others. Salvador (1998) also found an increase in multicultural counseling knowledge (using the MCI) after a year-long multicultural course. Byington, Fischer, Walker, and Freedman (1997) suggested that even a brief intervention can affect multicultural counseling competency, as they found positive changes after a two-day training program with rehabilitation counselors. Moss (1998) found significant relationships between self-reported multicultural counseling competency and specific educational variables, such as year in program, multicultural courses, multicultural workshops, multicultural issues addressed in supervision, and counseling experiences with people of color. Pope-Davis, Reynolds, Dings, and Ottavi (1994) used the Multicultural Counseling Awareness Scale to research the multicultural competency of doctoral interns. Pope-Davis, Reynolds, Dings, and Nielson (1995) used the Multicultural Counseling Inventory (MCI) to examine the multicultural counseling competency of psychology graduate students. Both studies found that educational variables, such as multicultural workshops and courses were predictive of higher multicultural counseling competency. Because of these results, these variable were included in the Demographic Questionnaire for the present study.

Sodowsky, Kuo-Jackson, Richardson, & Corey (1998), using 176 staff from university counseling centers, investigated several variables in relation to self-reported

multicultural counseling competencies also using the MCI. A multiple regression analysis indicated that social desirability was the most significant contribution, with race, feelings of social inadequacy and locus of control, and then training variables following respectively.

Steward, Wright, Jackson, and Jo (1998) used two other multicultural counseling measures, the Multicultural Knowledge and Skills Survey (MAKSS; D'Andrea, 1991) and the Cross Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise et al, 1991). Results suggested that multicultural training does influence ratings of counseling competence in White counselors. Finally, Vinson and Neimeyer (In press) found that higher levels of multicultural courses and workshops were positively correlated to both self-reported measures of multicultural counseling competency and scores on the Multicultural Counseling Awareness Scale (Ponterotto et al., 1991). These research findings suggest that while exposure alone does not increase multicultural counseling competency, training programs that are dedicated to increasing this competency in their students through courses and other educational experiences do appear to be successful.

In summary multicultural counseling competency has been acknowledged as a major area of counseling psychology. Recognition of multicultural counseling competency has led to the development of several instruments to measure this construct, and thus a body of research investigating its role in psychology training, as well as factors that increase competence in trainees.

### Racial Identity Development

#### Models and Measurement of Racial Identity Development

As stated earlier, previous research has linked multicultural counseling competency to racial identity development. This section outlines these models of racial identity development and their associated models of measurement, and then addresses the relationship between racial identity development and correlates of multicultural counseling and counseling competency. The most well-known theory of racial identity development was developed by Cross (1971) and is known as Nigrescence, or “the psychology of becoming Black” (Cross, 1996, p. 94). As a forerunner to other contemporary models, this model was the first to specify stages through which Blacks traveled on their journey towards a strong cultural identity. The model consisted of 5 stages: Pre-Encounter, Encounter, Immersion-Emersion, Internalization, and Internalization-Commitment.

The *Pre-Encounter* stage is simply the identity to be changed. It is the “before” product. When this stage was first explained in 1971, its primary characteristics were “an exaggerated self-hatred dynamic and an identity that gives low salience to race” (Cross, 1996, p. 97). The Pre-Encounter is characterized by an identification with or valuing things other than race (e.g., religion, profession), naivete in discussing racial issues, the viewing of race as a problem, anti-Black attitudes, a Eurocentric cultural perspective, and a hypersensitivity towards racial issues.

Cross (1996, p. 104) describes stage 2, *Encounter*, as “circumstances and events that are likely to induce identity metamorphosis.” A person’s encounter can be a major event, a stream of small events, or anything in between. However it may occur, the

encounter(s) shatters a person's world view and moves him/her toward Nigrescence. Encounters consist of two steps: experiencing it and subsequently personalizing it. According to Cross (1996), many people react to encounters with disorientation and depression, although this response is usually temporary. Other common experiences include anger, inner-directed guilt, and anxiety, that then propels individuals towards more advanced stages.

The third stage, *Immersion-Emersion*, is one of the most dramatic stages, as the person is in the process of deconstructing the old and reconstructing the new (Cross 1996). At this point, a person is "trying on" his/her new identity and is caught up in the visible symbols of their change--new hairstyle, clothes, speech, etc. The world of the person in the Immersion-Emersion stage is very dichotomous--everything is either good or bad. Whites are evil and vicious, Blacks are superior. The person surrounds him or herself in a Black world feeling a new pride but also still beginning to "calm down" and to seek a way to get off of his/her emotional roller coaster. They begin to search for a more serious, substantial commitment to Black issues. This stage, according to Cross (1996), can either push individuals towards more advanced stages, keep them angry and lead to their regression, or frustrate them and keep them stagnant.

If they do continue, individuals would enter stage 4--or *Internalization*. This stage represents what Cross (1996) calls "dissonance resolution." Internalization is characterized by inner peace and acceptance of oneself. Rage toward Whites becomes anger with societal racist systems and institutions (Cross, 1996). One's "Blackness" is no longer a problem, nor is it the person's only concern--it is now the background of his/her

life. Cross (1996) states that Internalization is not the same for all people, as each person subsequently “falls back” on their primary personality structures and ideologies.

Cross’s final stage, *Internalization-Commitment*, involves an individual’s commitment to his/her new identity. This stage has not been researched mainly because of the many similarities with the previous stage.

The Nigrescence model brought with it much excitement. This model was originally validated in 1972 when Hall, Cross, and Freedle (1972) used card sort procedures with both Black and White college students. In 1981, however, researchers refined this model to measure people’s stages through the development of the Racial Identity Attitudes Scale (RIAS). The RIAS had four subscales corresponding with the stages from Cross’ Nigrescence model--Pre-Encounter, Encounter, Immersion-Emersion, and Internalization. The final stage, Internalization-Commitment, was not used. The measure had 30 items and was validated by Parham and Helms by correlating it with counselor racial preference (Parham & Helms, 1981). The RIAS has been used numerous times since its creation despite questions concerning its validity and reliability (Ponterotto & Wise, 1987). Using 186 Black college students, Ponterotto and Wise (1987) did find support for the Pre-Encounter, Immersion-Emersion, and Internalization stages, and found little support for the Encounter stage. This result may be because of the qualitative difference between the Encounter stage and the other three. The Encounter stage is described in terms of specific events and a person’s reaction to them, whereas the other stages are described as a state of being for the person at that time.



More recently, Helms & Parham (1996) created the Racial Identity Attitude Scale-Long Form (RIAS-L). This version of the instrument has been expanded by 20 items and involves some redistribution of items. The RIAS-L, as well, has faced concerns about the internal consistency of the Encounter scale. Fischer, Tokar, and Serna (1998) administered the RIAS-L, Marlowe-Crowne Social Desirability Scale, a composite social desirability scale (Paulhus, 1984), State-Trait Anger Expression Inventory, and the Social Comparison Questionnaire. All of the scales, with the exception of the Encounter scale, had internal consistency coefficients of .70 or better. The authors concluded that the Encounter scale's low internal consistency placed an upper limit on its validity. Additionally, the Pre-Encounter and Immersion-Emersion scales were significantly influenced by social desirability. This finding suggested that "individual differences in people's willingness to respond nondefensively may influence their test-taking attitudes and resultant responses to the RIAS-L" (p.222).

Many adaptations of Cross' model have been constructed (Cross, 1996), and the journey towards racial identity development outlined by Cross has been expanded to include other ethnic groups, as well. Helms first published her theory of White racial identity development in 1984. Her model is taken from Cross' model of Nigrescence, but differs slightly in its purpose by stating the following:

Originally, such theories of models were developed to explain the manner in which especially Black people, but occasionally members of other groups of color, adapted in an environment in which they were generally denied access to a fair share of societal resources, and in which innate racial inferiority was used as the justification for their maltreatment. Subsequently, models have been developed to describe the adaptation of Whites as members of the ordained "superior" group. (Helms, 1996, p.182)

Helms' (1996) recently updated model of White racial identity development consisted of six statuses. Helms changed from *stages* to *statuses* because she wanted the model to be interactive and not to think of each level as a stage to be reached, since different experiences force people to re-examine themselves constantly (Helms, 1996). While not completely a circular model, her model suggests that individuals can "go back" to certain points although not losing the knowledge they gained in the process.

The first status is called *Contact*. A person in this status is satisfied with the way things are racially. This stage is similar to Cross' Pre-Encounter stage. Status 2 is called *Disintegration* and is characterized by disorientation and anxiety experienced in response to racial dilemmas. The next status is called *Reintegration* and is similar to Cross' Immersion-Emersion in that a person experiencing this status idealizes his/her own racial group and devalues other groups. A person in the fourth status, *Pseudoindependence*, has made an "intellectual commitment" to his/her ethnic group, tolerates others, and wants to "help" other groups. The next status is *Immersion-Emersion*, and is a fairly recent addition. A person primarily in this status searches for the meaning of racism and acknowledges that he/she benefits from being White. The final status is *Autonomy*, and is illustrated by a positive commitment to his/her racial group, and an ability to "let go" of the privileges associated with being White (Helms, 1996). Helms (1996, p. 188) has summarized this process by stating:

the maturation process of recognition and abandonment of White privilege begins with the ego's avoidance or denial of the sociopolitical implications of one's own and other's racial group membership (i.e., Contact status), and concludes with its capacity to strive for nonracist own-group membership and humanistic racial self-definition and social interactions (Autonomy status).

In order to be able to quantify and measure this model, Helms created the White Racial Identity Attitudes Scale (WRIAS). The 50-item WRIAS measured five of the six scales in Helms's model--Contact, Disintegration, Reintegration, Pseudo-Independence, and Autonomy, with each of the 50 items being scored on a 5 point continuum ranging from (1) strongly disagree to (5) strongly agree. The instrument generates scores for each of the five subscales.

Most recently, Helms has expanded her work on racial identity to embrace a more inclusive model of racial identity development for all *people of color*. Helms believes that this generalization is possible because of the common experiences of people of color involving sub-par political and economical conditions and the subjection to negative racial stereotypes (Helms, 1996). According to Helms (1996, p. 189), all people of color's racial identity development involves "overcoming internalized societal racial stereotypes and negative self- and own- group conceptions."

Helms's people of color model is influenced by both Cross's (1971) Nigrescence model and Atkinson, Morten, and Sue's (1989) minority identity development model. It consists of five statuses, ordered by their logical emergence. The first status is *Conformity*, which is much like Cross's Pre-Encounter stage and Helms's Contact status. *Dissonance*, the second status, involves "ambivalence and confusion concerning own socioracial group commitment and ambivalent socioracial self-definition" (Helms, 1996, p. 186). It is similar to both the Disintegration status and the Encounter stage. *Immersion/Emersion* is analogous to Cross's stage of the same name but very different from Helms's status for Whites, which is more sophisticated. People in this mode of

thinking submerge themselves in their same-group culture, and have negative outgroup reactions. *Internalization*, Helms's fourth status, is parallel to Cross's stage in that they both assume a new, positive commitment to the same-group and do objective assessment of individuals in other groups. The final status of people of color racial identity development, *Integrative Awareness*, is illustrated by an ability to empathize with other oppressed groups. These stages are depicted in Table 1.

As with her previous racial identity model, Helms (1996) has recently developed the People of Color Racial Identity Attitudes Scale (POCRIAS) to measure her model. It consists of four subscales quantifying the corresponding statuses--Conformity, Dissonance, Immersion/Emersion, and Internalization. Integrative Awareness is not measured. Exploratory use of the POCRIAS suggests its promise (Vinson & Neimeyer, In press). The POCRIAS is a new instrument and therefore has not been used extensively, but because of its similarity to the RIAS and WRIAS in conceptualization and structure, it is likely to attract additional attention.

#### Correlates of Racial Identity Development

Despite its psychometric questions, the RIAS is one of the most widely used instruments in investigations of racial identity development. The RIAS has been used in significant numbers of studies involving racial identity development, and that construct's subsequent relationship to variables such as student involvement (Taylor & Howard-Hamilton, 1995), personal problem-solving strategies (Bagley & Copeland, 1994), social class (Carter & Helms, 1988), and depression (Munford, 1994).

Table 1: Helms' Models of Racial Identity Development

White Racial Identity Development Model	People of Color Racial Identity Development Model
<b>Contact:</b> satisfaction with racial status quo, obliviousness to racism and one's participation in it. If racial factors influence life decisions, they do so in a simplistic fashion.	<b>Conformity:</b> external self-definition that implies devaluing of own group and allegiance to White standards of merit. Probably is oblivious to socioracial concerns.
<b>Disintegration:</b> disorientation and anxiety provoked by unresolvable racial moral dilemmas that force one to choose between own-group loyalty and humanism. May be stymied by life situations that arouse racial dilemmas.	<b>Dissonance:</b> ambivalence and confusion concerning own socioracial group commitment and ambivalent socioracial self-definition. May be ambivalent about life decisions.
<b>Reintegration:</b> idealization of one's socioracial group, denigration and intolerance for other groups. Racial factors may strongly influence life decisions.	<b>Immersion/Emersion:</b> idealization of one's socioracial group and denigration of that which is perceived as White. Use of own-group external standards to self-define, and own-group commitment and loyalty is valued. May make life decisions for the benefit of the group.
<b>Pseudo-independence:</b> intellectualized commitment to one's own socioracial group and deceptive tolerance of other groups. May make life decisions to "help" other racial groups.	
<b>Immersion/Emersion:</b> search for an understanding of the personal meaning of racism and the ways by which one benefits and a redefinition of whiteness. Life choices may incorporate racial activism.	
<b>Autonomy:</b> informed positive socioracial-group commitment, use of internal standards for self-definition, capacity to relinquish the privileges of racism. May avoid life options that require participation in racial oppression.	<b>Internalization:</b> positive commitment to one's own socioracial group, internally defined racial attributes, and capacity to assess and respond objectively to members of the dominant group. Can make life decisions by assessing and integrating socioracial group requirements and self-assessment.
	<b>Integrative Awareness:</b> capacity to value one's own collective identities as well as empathize and collaborate with members of other oppressed groups. Life decisions may be motivated by globally humanistic self-expression.

Note: Adapted from Helms (1996).

Further, the WRIAS has been used extensively since its inception. Steward, Boatwright, Sauer, Baden, and Jackson (1998) used the WRIAS to examine the relationship between White racial identity development, cognitive development, and gender. Eighty-two participants completed the WRIAS and The Scale of Intellectual Development. Results suggested that males with lower levels of cognitive development were more likely to identify with less advanced levels of racial identity development. Pope-Davis and Ottavi (1994) used the WRIAS to study the relationship between racial identity and racism. The researchers administered the WRIAS and the New Racism Scale to 234 White undergraduate students. Results indicated that White racial identity attitudes were predictive of racism. Helms and Carter (1991) administered the WRIAS and the Counselor Preference Inventory to 183 college students. They found that, "White racial identity attitudes predicted . . . social class and White-counselor preferences [and] Black's racial identity attitudes predicted their preference for White male counselors" (Helms & Carter, 1991, p.296).

#### Racial Identity Development and Multicultural Counseling Competency

To date, only a small number of studies have been conducted involving some form of both racial identity development and multicultural counseling competency. Out of these, one study examined the "face value" of the relationship between the two variables, while others investigated the impact of multicultural *training* on other variables. Although not studying racial identity development directly, Kiselica, Maben, and Locke (1999) conducted a review of the literature surrounding multicultural education and diversity appreciation training. They found that such training produced trainees that

perceived themselves as having positive change in prejudice reduction, which was an assumed segment of one's own racial identity development. Additionally, Klausner (1998) found that clinical psychology students reported greater awareness of their own racial identity and their attitudes, perceptions, and feelings toward people of other races after completing a 16-week multicultural training course. Parker, Moore, and Neimeyer (1999) examined the impact of multicultural training on students' racial identity development and interracial comfort. Compared with a control group, White students who had participated in the multicultural training had a significantly higher level of both White racial consciousness and interracial comfort. Neville, Heppner, Louie, Thompson, Brooks, and Baker (1996) focused their study on the impact of multicultural training on White racial identity and multicultural counseling competency. The 38 participants in this study took the WRIAS, the Multicultural Awareness, Knowledge, and Skills Survey, and other measures. Neville et. al (1996) found that the diversity-related courses increased multicultural counseling competency and brought the participants to a more complex level of racial identity development. The Parker et al. (1999) and Neville et al. (1996) studies suggest that there is a possible link between racial identity development and multicultural counseling competency, in that the manipulation of one has been shown to lead to the increase of the other. This suggestion is solidified by a study by Ottavi, Pope-Davis, and Dings (1994) that specifically examined the relationship between the two variables. With the hypothesis that higher levels of White racial identity development correlated with higher levels of multicultural counseling competency, Ottavi et al. (1994) found moderate correlations between the two variables in this sample of 128 White graduate students. A

follow-up study based on the Ottavi et al. (1994) study was conducted by Kelly (1998). Students (N=64) completed the WRIAS and the MCI, as well as a demographic measure. Results indicated that students' racial identity development and educational level correlated moderately with multicultural counseling competence.

Ottavi et. al (1994) listed several limitations of the study that could be improved upon in future research. One main suggestion was that the assessment of these same variables with graduate students of color be included. Another suggestion related to the gathering of students' data early in their training before socialization regarding multicultural counseling and then comparing it to scores taken later in training.

The original Vinson and Neimeyer (In press) study that served as the basis for the present study incorporated both of these components. Using 87 incoming graduate students (65 White, 22 People of Color) from various counseling psychology doctoral programs, each student completed the MCAS-B and the racial identity development scale (WRIAS or POCRIAS) specific to their ethnic group. Results indicated significant positive correlations between higher multicultural counseling competence and more advanced statuses of racial identity development. Multicultural coursework and workshops were also positively related to self-reported multicultural competence.

One limitation discussed in the original study was the cross-sectional nature of the design. A recommendation for future research was to examine these variables at a later date in order to investigate the trend longitudinally, as "longitudinal analysis of the relationship between racial identity development and multicultural counseling competencies would shed light on the stability of the effect and, perhaps, the causal



relationship among these variables” (Vinson & Neimeyer, In press). The current study addresses this limitation, and thus extends the previous study. *The hypotheses for the current study were that 1) both the racial identity measures and the multicultural counseling competency measures will display stability over time, 2) trainees will increase racial identity development across time, 3) trainees will increase multicultural awareness and skills across time, 4) White and Non-White trainees will exhibit similar levels of reported variables, and 5) the positive relationship between racial identity development and multicultural counseling competencies will remain consistent across time.*

## METHOD

To test these hypotheses, the following study was developed. This chapter will address the details of the study. The nature of the participants, instruments used, and the procedure will be detailed below.

### Sampling

Sampling was directed at the participants who participated in the Vinson and Neimeyer (In press) study, who were originally recruited in 1997. At that time, those students were first year doctoral students in counseling psychology programs throughout the United States. Those sampling procedures yielded 87 incoming students, 65 White and 22 people of color, with the latter sample consisting of 4 African Americans, 3 Hispanics, 8 Asians, 1 Native American, and 6 Other.

The participants for the current study were located using the email addresses and school addresses they gave during the first study. Students were then located using the internet. Most students were directly contacted using the previous address. Other students were located by utilizing their university's student directories on their web pages. When an email address was found, that participant was also contacted via email by the principal investigator in order to introduce herself to the participant and ask for his/her continued participation. The student was given the option of receiving the instruments by

mail or email. The participants were also informed that they would be monetarily compensated for their continued participation. This method yielded 44 of the original 87 participants (51%), with 31 White students and 13 Non-White students (consisting of 4 African-Americans, 2 Hispanics, 3 Asians, and 4 Others). The sample from the current study is representative of the original study, as both have similar percentages of White trainees (74.7% in 1997, 70.5% in 1999) and Non-White trainees, although the current study had a slightly higher representation of specific Non-White groups because of the higher return rate of the Non-White students (59% of Non-White students participated in both studies, as opposed to 47.7% of White trainees).

By mail or email, each doctoral student received the identical measures used in the 1997 data collection (Vinson & Neimeyer, In press): a multicultural counseling competency measure (MCAS-B), and a racial identity development measure (WRIAS or POCRIAS) appropriate for the participant's racial background. In addition, students also received a social desirability measure (MTCPR) and a scale to measure cultural diversity in the student's social group. Finally, questions were added to the original demographic questionnaire to assess years in graduate school and percentage of White and culturally diverse clinical clients.

### Instrumentation

#### Racial Identity Measures

White Racial Identity Attitudes Scale (WRIAS). The 50-item White Racial Identity Attitudes Scale was developed by Helms and Carter to measure the attitudes related to the five statuses of Helms' (1984) theory of White racial identity—Contact (“I

hardly ever think about what race I am.”), Disintegration (“I don’t understand why Black people blame all White people for their social misfortune.”), Reintegration (“I believe that Blacks are inferior to Whites.”), Pseudo-Independence (“I am comfortable wherever I am.”), and Autonomy (“I involve myself in causes regardless of the race of the people involved.”). The measure is scored on a 5-point Likert scale, ranging from (1) *strongly disagree* to (5) *strongly agree*. On a sample of 506 participants, Helms and Carter (1990) found reliability ratings to be .55, .77, .80, .71, and .67 for the WRIAS subscales Contact, Disintegration, Reintegration, Pseudo-Independence, and Autonomy, respectively. A validity study by Tokar & Swanson (1991) found that self-actualization tendencies were related to WRIAS subscales, with self-actualization tendencies being negatively correlated with lower WRIAS statuses and positively correlated with higher subscales. Recently, Behrens (1997) and Behrens and Rowe (1997) have suggested that the WRAIS may not be as complex as the theory of White racial identity development. Helms (1997) responded to this claim, offering alternative explanations for these findings, such as failure to correct for artifacts and mismatch of measurement models and the theory.

People of Color Racial Identity Attitude Scale. The People of Color Racial Identity Attitude Scale (POCRIAS) is an instrument developed by Janet Helms to fill the need for a racial identity development measure that is applicable for all people of color. The POCRIAS is an adaptation of Helms’ other racial identity instruments--the Racial Identity Attitudes Scale for African-Americans and the White Racial Identity Attitudes Scale for Anglo-Americans. The instrument was designed to measure the four statuses of People of Color racial identity defined by Helms (1996) with four subscales: Conformity/Pre-

encounter (“In general, I believe that Anglo-Americans [Whites] are superior to other racial groups.”), Dissonance (“I don’t know whether being the race I am is an asset or a deficit.”), Immersion/Resistance (“I limit myself to activities involving people of my own race.”), and Internalization (“I am comfortable being the race I am.”). Participants using the 50-item measure rate their responses on a scale of (1) *strongly disagree* to (5) *strongly agree*. The instrument is scored by summing the items assigned to each subscale. There is currently no psychometric data available for the POCRIAS because of the recency of its development. However, the instrument was chosen for this study for two reasons: 1) the POCRIAS is one of the few instruments developed to assess all ethnic minorities, and 2) the racial identity development instrument used for Anglo-American participants, the WRIAS, was also developed by Helms, thus maximizing the correspondence of the two measures and their conceptual underpinnings.

#### Additional Measures

The Multicultural Counseling Awareness Scale--Form B Revised Self-Assessment (MCAS-B). The MCAS-B is a 45-item instrument devised by Ponterotto, Sanchez, and Magids (1991) designed to measure segments of multicultural counseling competency according to components specified in Sue et al. (1982): multicultural knowledge/skills (“I am aware of certain counseling skills, techniques or approaches that are more likely to transcend culture and be affective with any client.”) and awareness (“I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.”). Responses on the MCAS-B fall on a 7-point continuum, ranging from (1) *not at all true* to (7) *totally true*. The instrument produces scores for the two subscales (knowledge/skills

and awareness), with higher scores demonstrating higher multicultural counseling competence. The range for the Knowledge Scale is 28 to 196, and the range for the Awareness Scale is 14 to 98. Factor analysis yielded two factors as opposed to the three described by Sue et al. (1982). Reliability coefficients for the MCAS-B are .93 for the full scale, .93 and .78 for the knowledge/skills and awareness subscales, respectively (Ponterotto et al, 1991). Content validity of the MCAS-B was substantiated by expert agreement on items' clarity and domain appropriateness (Ponterotto et al, 1991).

Motivation to Control Prejudiced Reactions Scale (MTCPR). The Motivation to Control Prejudiced Reactions Scale (MTCPR) is a 17-item instrument created by Fazio, Jackson, Dunton and Williams (1995) designed to measure "motivation to engage in more deliberative processing when negative racial attitudes are automatically activated" (Dunton & Fazio, 1997, p.318). In essence, the MTCPR is a measure of cultural social desirability. The measure consists of items that involve one appearing prejudiced to others ("It's important to me that other people not think I'm prejudiced."), one appearing prejudiced to his/herself ("I get angry with myself when I have a thought or feeling that might be considered prejudiced."), and one's willingness to express ideas or opinions that might offend others ("I always express my thoughts and feelings, regardless of how controversial they might be."). Responses on the MTCPR fall on a 7-point continuum, ranging from (-3) *strongly disagree* to (+3) *strongly agree*. Some items are reversed scores so that higher scores reflect greater motivation to control prejudice. Three separate large surveys (n=418, 429, and 207) yielded Cronbach's alpha correlations of .77, .76, and .74, respectively. Factor analysis revealed two main factors, *concern with acting prejudiced* (a

combination of appearing prejudiced to both self and others) and *restraint to avoid dispute*. Content validity was established by Fazio et al. (1995) and Dunton & Fazio (1997), finding that scores on the MTCPR predicted scores on the Modern Racism Scale and participant direct self-reports.

Social Network Questionnaire. Six questions were included to observe the cultural diversity of each participant's social environment. Specific questions included rating the ethnic diversity of the participant's school, neighborhood, job, and social circle on a scale of 0 to 4. Some items were reversed scored so that higher scores would reflect greater social ethnic diversity.

Demographic questionnaire. The demographic questionnaire, similar to the one used in the 1997 data collection, consists of indicators of the participants' race/ethnicity, gender, age, last completed degree (either bachelors or masters), number of multicultural courses and workshops completed, and self-reported counseling competence and multicultural counseling competence. In addition, questions were added regarding undergraduate institution, years in graduate school, and percentage of White and Non-White clients.

## RESULTS

In order to explore the research questions presented, a series of analyses were conducted. First, data were analyzed in order to compare the current sample to the population from which it was drawn--the sample from the Vinson and Neimeyer (In press) study. Next, each of the five hypotheses were investigated.

### Descriptive Analysis

A series of descriptive analyses were first performed to characterize the nature of the sample and to compare it with the earlier sample from which it was drawn (Vinson & Neimeyer, In press). Descriptive analyses were taken from the information provided on the participants' demographic questionnaire. The participant data grouped by race (White vs. Non-White) are shown in Tables 2 and 3.

Table 2: Descriptive Information for White and Non-White Trainees

	White Trainees (N=31)	Non-White Trainees (N=13)
	n (%)	n (%)
<b>Gender</b>		
Male	8 (25.8)	4 (30.8)
Female	23 (74.2)	9 (69.2)
<b>Degree</b>		
BA/BS	10 (32.3)	4 (30.8)
MA/MS/MSW/other	21 (67.7)	9 (69.2)



Table 3: Mean Scores for White and Non-White Trainees

	White (N=31)		Non-White (N=13)		<i>p</i>
	M	SD	M	SD	
<b>MCAS-B</b>					
Awareness	86.58	8.40	88.62	4.84	.32
Knowledge/ Skills	131.65	21.87	151.85	12.09	**0.00
<b>OTHER</b>					
Multicultural courses	1.42	.96	1.62	.87	.51
Multicultural workshops	1.19	1.58	3.25	1.96	**0.01
SRCC	3.61	.62	3.92	.64	.15
SRMCC	2.87	.72	3.85	.56	**0.00
Whiper	79.26	15.38	57.31	20.37	**0.00
Cdper	20.70	15.36	42.69	20.37	**0.00
MTCPR	12.00	9.95	8.62	9.64	.30
Social	6.29	3.04	7.54	3.21	.24

Note: MCAS-B=Multicultural Counseling Awareness Scale, Form B; SRCC=Self-reported counseling competency; SRMCC=Self-reported multicultural counseling competency; Whtper=percentage of White clients; Cdper=percentage of Non-White clients; MTCPR=Motivation to Control Prejudiced Reactions Scale; Social=social cultural diversity  
 \* $p < .05$ . \*\* $p < .01$ .

An effort was made to determine the representativeness of these samples vis a vis the larger population of the original 1997 group ( $n=87$ ). The proportion of women to men in the larger population (64.4% women, 39% men) was compared to the proportion of respondents included in the current study (72.7% women, 27.3% men,  $\chi^2=.586$ ,  $p=.44$ , insignificant). Likewise, the proportion of White individuals to Non-White individuals in the larger population (74.7% White, 25.3% Non-White) was compared with the proportions of respondents in the current study (70.5% White, 29.5% Non-White,  $\chi^2=.251$ ,  $p=.62$ , insignificant). In both cases, these proportions were not significantly

different, suggesting the representativeness of the sample used in the current study. The participants had an average age of 29.45 years. They were 27.3% male and 72.7% female, with 29.5% and 70.5% entering their programs with BA/BS and MA/MS/MSW/other degrees, respectively. The participants had spent an average of 4.45 years in graduate school (including their previous training in Master's programs).

#### Longitudinal Stability of Racial Identity and Multicultural Counseling Competency Measures

The data from the two studies allowed for investigation of the first hypothesis, namely, the stability of the racial identity and multicultural counseling competency measures over time. The data from both studies allowed for test-retest of both the racial identity and multicultural counseling competency measures. The results of the correlational analysis can be seen in Table 4.

The analysis produced varying results. First, the multicultural counseling competency measure remained relatively stable across the two-year period of time (Awareness:  $r=.57, p=.00$ ; Knowledge:  $r=.60, p=.00$ ). However, the racial identity measures were not as predictable. On the WRIAS, Contact ( $r=.53, p=.00$ ), Reintegration ( $r=.38, p=.04$ ), and Autonomy ( $r=.43, p=.02$ ) showed significant stability, while Disintegration ( $r=.22, p=.25$ ) and Pseudoindependence ( $r=.16, p=.39$ ) did not. On the POCRIAS, Conformity ( $r=.58, p=.04$ ) and Dissonance ( $r=.76, p=.00$ ) showed significant stability, while Immersion/Emersion ( $r=.02, p=.95$ ) and Internalization ( $r=.23, p=.45$ ) did not.

Table 4: Pearson Correlations Between Time 1 and Time 2

Measure	<i>r</i>	<i>p</i>
<b>All Students</b>		
MCAS-B Awareness	.57	.00**
MCAS-B Knowledge	.60	.00**
<b>White Students</b>		
WRIAS Contact	.53	.00**
WRIAS Disintegration	.22	.24
WRIAS Reintegration	.38	.04*
WRIAS Pseudoindpendence	.16	.38
WRIAS Autonomy	.43	.02*
<b>Non-White Students</b>		
POCRIAS Conformity	.58	.04*
POCRIAS Dissonance	.76	.00**
POCRIAS Immersion/Emersion	.02	.95
POCRIAS Internalization	.23	.45

Note: MCAS-B=Multicultural Counseling Awareness Scale, Form B; WRIAS=White Racial Identity Attitudes Scale; POCRIAS=People of Color Racial Identity Attitudes Scale; \* $p < .05$ . \*\* $p < .01$ .

#### Longitudinal Changes in Racial Identity Development and Multicultural Counseling Competency

The next set of hypotheses considered the change in racial identity development and multicultural counseling competency over time. Specifically, the investigators hypothesized that both White and Non-White trainees would show increases in both racial identity development and multicultural counseling competency since the original study.

Paired T-tests were used to compare the mean racial identity development and multicultural counseling competency scores between the students in the Vinson and Neimeyer (In press) study and the current study. Only the scores for repeat participants were used in this analysis. The results can be found in Tables 5 and 6 for White and Non-White students, respectively.

Both sets of students appeared to follow a similar trend. Both groups increased significantly in terms of multicultural awareness (W: 82.87 to 86.58\*; NW 85.46 to 88.62\*) and knowledge/skills (W: 116.35 to 131.65\*\*; NW: 140.15 to 151.85). Neither group, however, showed a significant increase in levels of racial identity development over time (see Tables 5 and 6).

**Table 5: T-Test Comparison of Original and Follow-up Groups of White Trainees (N=31)**

	Original Study Mean	Follow-Up Mean	<i>p</i> value
<b>WRIAS</b>			
Contact	3.15	3.09	.43
Disintegration	1.81	1.70	.15
Reintegration	1.64	1.57	.33
Pseudoindependence	3.83	3.89	.33
Autonomy	3.96	4.04	.52
<b>MCAS-B</b>			
Awareness	82.87	86.58	* .02
Knowledge/Skills	116.35	131.65	** .00

*Note:* WRIAS=White Racial Identity Attitudes Scale; MCAS-B=Multicultural Counseling Awareness Scale, Form B; \* $p < .05$ . \*\* $p < .01$ .

Table 6: T-Test Comparison of Original and Follow-up Groups of Non-White Trainees (N=13)

	Original Study Mean	Follow-Up Mean	<i>p</i> value
<b>POCRIAS</b>			
Conformity	1.65	1.65	.96
Dissonance	2.54	2.32	.07
Immersion/Emersion	2.66	2.42	.16
Internalization	4.42	4.52	.31
<b>MCAS-B</b>			
Awareness	85.46	88.62	* .03
Knowledge/Skills	140.15	151.85	.08

Note: POCRIAS=People of Color Racial Identity Attitudes Scale; MCAS-B=Multicultural Counseling Awareness Scale, Form B; \* $p < .05$ . \*\* $p < .01$ .

#### Comparison of White and Non-White Trainees

The next hypothesis considered the differences between the two groups, White and Non-White trainees, in the current study (see Table 3). Independent t-tests were performed between the White and Non-White students on the MCAS Awareness Scale, MCAS Knowledge/Skills Scale, number of multicultural courses and workshops completed, self-reported overall counseling and multicultural counseling competency, percentage of White and Non-White clients, Motivation to Control Prejudiced Reactions Scale (social desirability), and social network diversity. No significant differences were found in regards to multicultural awareness, multicultural coursework completed, self-reported overall counseling competency, motivation to control prejudice (social desirability), and social network diversity. Significant differences were found, however,

between White and Non-White students on Knowledge/Skills Scale of the MCAS-B ( $t=3.91, p<.001$ ), number of multicultural workshops completed ( $t=3.25, p<.01$ ), and self-reported multicultural counseling competency ( $t=4.86, p<.001$ ). These differences are identical to those found in the original earlier study (Vinson & Neimyer, In press). Additionally, significant differences were also found in percentage of culturally diverse clients seen by the two groups of trainees ( $t=3.50, p<.001$ ). In all cases, higher means were attributed to the Non-White students (see Table 3).

Although the t-tests do provide data regarding the differences between the groups, they cannot test for a possible interaction between race and group across time. For this reason, a repeated measures ANOVA was conducted for the variables of multicultural awareness and multicultural knowledge taken from the MCAS-B. Results of these analyses are depicted in Table 7.

The analyses reiterate some previous findings. White and Non-White students were not significantly different with regard to multicultural awareness. However, all students showed significant difference in awareness ( $F=7.84, p<.01$ ) and knowledge scores ( $F=12.75, p<.001$ ) from the first study to the follow-up study. Moreover, the ANOVAs also showed no significant interaction between race and group for either awareness ( $F=.05, p>.82$ ) or knowledge ( $F=.23, p>.64$ ).

Table 7: Repeated Measures ANOVA Results for Awareness and Knowledge

	F	Sig of F
AWARENESS		
<i>Main Effects</i>		
Race	1.01	.32
Time	7.84	.01**
<i>Race by Group</i>	.05	.82
KNOWLEDGE		
<i>Main Effects</i>		
Race	11.50	.00**
Time	12.75	.00**
<i>Race by Group</i>	.23	.64

Note: AWARENESS=Multicultural Counseling Awareness Scale, Form B, Awareness Scale;  
 KNOWLEDGE=Multicultural Counseling Awareness Scale, Form B, Knowledge/Skills Scale; \* $p<.05$ . \*\* $p<.01$ .

#### Comparison of the Relationship Between Racial Identity Development and Multicultural Counseling Competency

To test the hypothesis that higher levels of racial identity development will remain significantly correlated with higher levels of multicultural counseling competency, a correlation matrix of Pearson  $r$  correlations for White and Non-White students was constructed. The results of this analysis is shown in Tables 8 and 9 for White and Non-White students, respectively. White and Non-White students' correlation matrices were compared to correlation matrices from the original study (Vinson & Neimeyer, In press). The significant correlations found in the Vinson and Neimeyer (In press) study are shown in italics in Tables 8 and 9.

Table 8: Pearson Correlations for White Trainees (N=31)

	WRIAS					MCAS-B			OTHER					
	Con	Dis	Re	Pseu	Auto	Aware	Kn/S	Mcourse	Mwork	SRCC	SRMCC	MTCR	Social	Cdper
WRIAS														
Con	—	.22	-.01	.23	.10	-.21	-.25	-.25	.05	.03	-.06	.20	-.17	-.09
Dis	.20	—	**.61	-.32	**.52	**.50	**.54	-.16	-.00	.04	**.49	.32	-.00	-.23
Re	.16	**.62	—	-.16	-.32	**.56	*.42	-.24	.08	.05	-.28	-.02	-.03	.01
Pseu	.01	**.46	**.34	—	**.50	.19	.29	-.18	-.03	-.04	*.41	-.13	-.01	*.43
Auto	-.10	**.47	**.49	**.44	—	*.41	**.47	.20	.15	-.08	**.52	-.32	-.04	.20
MCAS-B														
Aware	*.30	*.29	**.38	.12	.11	—	**.62	.22	.07	-.22	.29	-.15	-.12	.15
Kn/S	-.22	-.17	*.31	*.25	*.31	**.36	—	*.40	.33	-.04	**.69	-.01	-.10	*.41
OTHER														
Mcourse	-.09	.06	-.02	.09	.10	.07	*.27	—	-.17	.17	.32	.23	.00	.11
Mwork	-.20	*.28	*.29	**.37	*.27	.01	**.38	**.46	—	-.06	*.40	-.13	-.01	.11
SRCC	*.27	-.01	-.19	.01	.11	*.26	**.52	.21	**.33	—	.34	-.09	.35	-.05
SRMCC	*.26	-.06	-.24	-.01	.18	.23	**.57	.24	*.31	**.63	—	-.20	.08	.28
MTCR	—	—	—	—	—	—	—	—	—	—	—	—	-.01	-.23
Social	—	—	—	—	—	—	—	—	—	—	—	—	—	.16
Cdper	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Note: Top half are correlations from Time 2; Bottom half are correlations from Time 1; WRIAS=White Racial Identity Attitudes Scale; Con=WRIAS Contact; Dis=WRIAS Disintegration; Re=WRIAS Reintegration; Pseu=WRIAS Pseudo-independence; Auto=WRIAS Autonomy; MCAS-B=Multicultural Counseling Awareness Scale-Form B; Aware=MCAS-B Awareness; Kn/S=MCAS-B Knowledge/Skills; Mcourse=multicultural coursework; Mwork=multicultural workshop; SRCC=Self-reported counseling competency; SRMCC=Self-reported multicultural counseling competency; MTCR=Motivation to Control Racism Scale; Social=Social diversity; Cdper=Percentage of Non-White counseling clients; MTCR, Social Diversity, and Cdper data were not available for Time 1.

\* $p<.05$ ; \*\* $p<.01$



Table 9: Pearson Correlations for Non-White Trainees (N=13)

	POCRIAS			MCAS-B				OTHER					
	Con	Dis	Im/Em	Int	Aware	Kn/S	Mcourse	Mwork	SRCC	SRMCC	MTCR	Social	Cdper
POCRIAS													
Con	—	.54	-.20	.13	.25	-.07	.46	.18	.16	-.07	.35	*.60	.38
Dis	** .60	—	.02	-.49	.00	-.02	.45	-.02	-.12	-.25	.32	-.29	-.07
Im/Em	-.29	-.09	—	.37	.20	.31	.41	.07	-.26	-.17	-.39	-.02	-.29
Int	-.22	-.36	-.16	—	* .56	-.17	.23	.35	.31	.20	.04	-.24	.03
MCAS-B													
Aware	-.38	-.22	-.09	.23	—	-.02	.50	.40	.10	.04	-.10	-.47	.05
Kn/S	-.08	-.34	-.25	.33	* .50	—	.37	.22	-.34	-.05	*.58	.14	.19
OTHER													
Mcourses	-.22	-.13	-.09	.34	.17	.26	—	* .58	-.21	-.31	.10	-.40	-.17
Mwork	-.11	-.40	-.23	.35	.24	** .60	.29	—	-.23	.11	.22	-.45	.25
SRCC	.01	-.27	*.52	.30	.10	.34	.03	.31	—	* .67	.26	.39	.11
SRMCC	-.19	-.37	*.44	*.47	.17	.42	.27	*.45	** .80	—	-.01	.19	* .59
MTCR	—	—	—	—	—	—	—	—	—	—	—	-.20	-.24
Social	—	—	—	—	—	—	—	—	—	—	—	—	-.35
Cdper	—	—	—	—	—	—	—	—	—	—	—	—	—

Note: Top half are correlations from Time 2; Bottom half are correlations from Time 1; POCRIAS=People of Color Racial Identity Attitudes Scale; Con=POCRIAS Conformity; Dis=POCRIAS Dissonance; Im/Em=POCRIAS Immersion/Emersion; Int=POCRIAS Internalization; MCAS-B=Multicultural Counseling Awareness Scale-Form B; Aware=MCAS-B Awareness; Kn/S=MCAS-B Knowledge/Skills; Mcourses=multicultural coursework; Mwork=multicultural workshops; SRCC=Self-reported counseling competency; SRMCC=Self-reported multicultural counseling competency; MTCR=Motivation to Control Racism Scale; Social=Social diversity; Cdper=Percentage of Non-White counseling clients; MTCR, Social Diversity, and Cdper data were not available for Time 1.

\* $p < .05$ ; \*\* $p < .01$

In White students, the relationship between racial identity development and multicultural counseling competency appeared to be similar to the original study, if not stronger. Overall, five new significant correlations were found between the variables included in the original study. Six previously significant correlations, however, were not significant in the current study. Most of these variables were educational, involving multicultural workshops.

Among Non-White students, the previous patterns observed in the original study were not apparent. Overall, two new significant correlations were found in the current study. However, seven previously significant correlation in the 1997 study were not significant during the current study.

A trend occurred in the White students with respect to racial identity development and multicultural counseling competency. In general, higher levels of multicultural counseling competency were correlated with racial identity development in a theoretically consistent fashion. In White students, greater levels of multicultural awareness were negatively correlated with lower levels of racial identity development (Contact  $r=-.21$ , Disintegration  $r=-.50$ , Reintegration  $r=-.56$ ), and positively correlated with selected higher identity statuses (Autonomy  $r=.41$ ). Likewise multicultural knowledge and skills were negatively correlated with lower identity development (Contact  $r=-.25$ , Disintegration  $r=-.54$ , Reintegration  $r=-.42$ ), and positively correlated with higher levels of racial identity development (Pseudoindependence  $r=.29$ , Autonomy  $r=.47$ ).

For Non-White students, the pattern was different. Multicultural awareness, although significantly positively correlated to the "highest" level of racial identity

development (Internalization  $r=.56$ ), was not approaching significance or following a particular trend on the other racial identity development statuses (Contact  $r=.25$ , Dissonance  $r=.00$ , Immersion/Emersion  $r=.20$ ). Similarly, multicultural knowledge was not correlated to racial identity development in any theoretically consistent pattern (Contact  $r=-.07$ , Dissonance  $r=-.02$ , Immersion/Emersion  $r=.31$ , Internalization  $r=-.17$ ).

### Other Variables

The number of multicultural courses and workshops were related to some key variables. In both White (W) and Non-White (NW) students, multicultural coursework was positively correlated to both multicultural awareness (W:  $r=.22$ , NW:  $r=.50$ ) and knowledge/skills (W:  $r=.40$ , NW:  $r=.37$ ). Multicultural workshops completed were also positively correlated to awareness in Non-White students ( $r=.40$ ), and to knowledge/skills in both White and Non-White students (W:  $r=.33$ , NW:  $r=.22$ ). In both White and Non-White students, number of multicultural courses and workshops completed appeared to be unrelated to racial identity development variables.

Self-reported overall counseling competency was only significantly related to self-reported multicultural counseling competency in Non-White students ( $r=.67$ ). Self-reported multicultural counseling competency (SRMCC), however, was related to other variables. In White students, SRMCC was negatively correlated with lower levels of racial identity development (Disintegration  $r=-.49$ , Reintegration  $r=-.28$ ), and positively correlated with more advanced levels (Pseudoindependence  $r=.41$ , Autonomy  $r=.52$ ). Additionally, self-reported multicultural counseling competency was also significantly correlated with multicultural knowledge ( $r=.69$ ) and multicultural workshops completed

( $r=.40$ ) in White students. Among Non-White students, self-reported multicultural counseling competency was significantly correlated with the percentage of culturally diverse clients ( $r=.59$ ).

A few other correlations should be noted. Although motivation to control prejudiced reactions (social desirability) appeared to be an insignificant variable, it was negatively correlated to multicultural knowledge/skills in Non-White students. Social network diversity also appeared to be an insignificant variable, except for the negative correlation between this variable and Contact in Non-White students. That is, the less diverse a student's social group was, the higher Contact score she/he obtained. Finally, percentage of culturally diverse clients was significantly correlated to a higher level of racial identity development (Pseudoindependence  $r=.43$ ) in White Students.

## DISCUSSION

The focus of this study was to investigate the relationship between racial identity development and multicultural counseling competency longitudinally. Specifically, this study attempted to extend the earlier findings of Vinson and Neimeyer (In press) in a number of ways. The results of that study suggested that:

...multicultural counseling competency followed on a consistent correlational pattern with racial identity development. That is, less sophisticated statuses of racial identity development were inversely related to multicultural awareness, knowledge, and skills, whereas more sophisticated statuses of racial identity development were positively related to the components of multicultural counseling competency proposed by Sue et. al (1982).

This study's longitudinal design allowed for the examination of these effects over time, as well as a number of other effects. First, we examined the stability of racial identity development and multicultural counseling competency measures across time. The results were informative. The multicultural counseling measure, the MCAS-B, remained significantly consistent over the two-year time period, documenting for the first time the long term stability of this instrument's reliability (Ponterotto et al., 1991).

The racial identity development measures, however, produced different results. Results indicated fairly consistent numbers for both instruments' "least advanced" stage, the *Contact* stage for White trainees and the *Conformity* stage for Non-White trainees. However, the remaining subscales were variably consistent. This result differed from the

reliability testing conducted by Helms and Carter (1990). Some hypotheses are offered to explain this phenomenon. First, the “least advanced” stage for each measure included some historical information, such as types of cultural discussions one had as a child, one’s exposure to other races, etc. This is similar to research by Pope-Davis, Vandiver, and Stone (1999), which found that the WRIAS loaded only on a “racial curiosity” factor. Regardless of a person’s racial identity development changes, the historical data would remain the same.

Second, the variable results could be the result of a more cyclical nature of racial identity development, as opposed to a more linear model of multicultural counseling competency. Helms (1996) herself posited a more circular framework, stating that each stage was not one to be reached, but was more of a stopping point as an individual confronts new racial experiences. One could continue to build on one’s knowledge of multicultural counseling, but tread a different path toward racial identity development.

Finally, these results could suggest that the theory of racial identity development as presented and measured by Helms (1981), Cross (1971), and their colleagues is inherently flawed in some way. That is, that racial identity development is a valid construct, but that it has not been adequately explained and measured as of yet. Racial identity development is inherently complex, and researchers such as Behrens (1997) and Behrens and Rowe (1997) suggest that instruments such as the WRIAS are not complex enough to adequately measure this variable as currently conceptualized. For example, the racial identity measures utilized in this study (WRIAS and POCRIAS) appeared to mix personal attitudes with behaviors, assuming that one’s feelings about racial identity lead them to act

in a particular way. Cross (1996) stated that after revisiting his Nigresence model, he came to the conclusion that this conclusion was flawed and that instead of people at more advanced stages becoming more homogenous, they in fact became more different from each other, thus finding this thought process to be incorrect.

The second area of study involved the change in trainees' racial identity development and multicultural counseling competency over time. In this area of study, results were consistent with predictions. In general, both White and Non-White students displayed increases in multicultural knowledge/skills and awareness when compared to their 1997 scores. An ANOVA analysis revealed that there were main effects for time and race (for knowledge), but no significant interaction between the two variables. Taking into consideration the training in multiculturalism that occurred between the two periods, this result is similar to other research demonstrating increases in multicultural counseling competency as a product of educational variables, such as multicultural coursework and workshops (Moss, 1998; Steward, et al., 1998; Klausner, 1998; Salvador, 1998; Byington, et al., 1997). Further, in the current study, White trainees' multicultural knowledge scores were significantly related to multicultural coursework. This result also could be the result of increased multicultural training, as other studies suggest (Parker et al., 1999; Neville et al., 1996).

The fourth hypothesis involved the comparison of the two groups of trainees (White and Non-White) in the current study. In the 1997 data collection, Non-White trainees exhibited significantly higher levels of multicultural knowledge/skills. They also reported higher self-reported levels of multicultural counseling competency and number of

multicultural workshops (Vinson & Neimeyer, In press). With the increase in training over graduate school, it was hypothesized that the two groups would be more similar with regard to these variables. Results were inconsistent with this prediction. Analyses indicated that Non-White students had significantly higher levels of multicultural knowledge/skills. Non-White students also continued to report significantly more multicultural workshops, and higher levels of self-reported multicultural counseling competency. One reason for these differences could be the finding that Non-White students reported significantly higher numbers of culturally diverse clients, a new factor in the current study. This result could in itself explain the higher levels of multicultural knowledge/skills in Non-White students, as Carlson et al. (1998) and Moss (1998) found that higher levels of multicultural client contact related to higher perceived multicultural counseling competence. It could be that while didactic instruction aids in increasing multicultural counseling competency, experiential learning is also crucial. Perhaps future studies could attempt to partial out the effects of that experience to investigate whether the large difference between the groups remain. Results also suggest that despite the increased attention given to multicultural counseling competency, currently the concept appears more focused upon, and possibly more highly valued, within Non-White populations. More attention to multiculturalism, then, may breed more educational experiences, which then leads to greater levels of multicultural knowledge and skills.

Finally, the fifth area of study focused upon the relationship between racial identity development and multicultural counseling competency over time. Results were intriguing. Despite some similarities over time, the relationship between the two variables was



different for the two groups. Similar to the 1997 study, White students' scores remained in a theoretically consistent pattern. That is, higher levels of multicultural awareness, knowledge and skills were positively correlated with more advanced levels of racial identity development and inversely correlated with less sophisticated levels. In fact, the relationship appears to have *strengthened* over time. Results indicated that, even with a sample size half that of the first study, five correlations became significant (that were previously insignificant) in current study.

Interestingly, the Non-White students displayed a different pattern. Although some variables remained related, such as multicultural awareness and the most advanced level of racial identity development, generally the Non-White students' scores appeared to be devoid of any type of pattern between the two variables.

The differences between the two groups are hard to explain. Why did the White students continue in the same pattern observed two years prior, while the Non-White students, who also displayed this pattern in the 1997 study, fail to support this relationship in the current study? Three explanations are hypothesized. First, the Non-White students were comprised of only 13 participants, too few, perhaps, to generate stable correlations.

The second potential explanation might follow from the greater multicultural training that the Non-White students may have received over the course of the last two years. In particular, the Non-White students' training in this area might have experienced a "ceiling effect" that prevented it from showing changes with other variables.

Yet a third possibility is that Non-White students, who did appear to have extremely high levels of multicultural awareness and knowledge/skills, simply followed a

different pattern after a certain point in time. That is, it is possible that at an unknown level, racial identity development and multicultural counseling skills are not related. Multicultural counseling competency appears to follow a linear pattern. This assumption is logical in that after students learn more, they exhibit higher multicultural counseling competency scores (D'Andrea et al., 1991; Pope-Davis et al., 1995; Ottavi et al., 1994; Heppner et al., 1996). Racial identity development, however, may follow a more fluid, spiral pattern (Helms, 1996). In the White students, these differences appear to be inconsequential, as a theoretically consistent pattern was established. However, the Non-White students may have approached the level at which these two variables travel in different directions and are no longer correlated.

Both theoretical and practical applications can be gathered from the current study's results. At the broadest level, this research adds to the body of existing research that supports Sue et al.'s (1982) model of multicultural counseling competency. Further, the longitudinal nature of the design provided the first long-term data concerning the measurement of multicultural counseling skills, racial identity development, and the relationship across time.

As for practical applications, the research suggests that, at least in White students, racial identity development may co-vary with multicultural counseling competency, raising the possibility that changes in either one may influence the other. One suggestion for counseling educators would be to incorporate both of these constructs into training.

Despite the generally positive results of this research, there were several limitations that qualify the interpretability of the findings. First and foremost, the sample for the

study was small, comprising only about half of the original participants. Most problematic is the extremely small number of Non-White participants ( $n=13$ ). One recommendation for further research, then, would be to replicate the study using larger groups of trainees. Replication of this exploratory study is essentially required before the results are truly interpretable. As multicultural research gains increased attention, students may be more willing to participate in such studies if it were required in their coursework or encouraged by faculty. Additionally, larger samples would also allow for future studies to partial out the effects of specific variables, such as percentage of culturally diverse clients.

Another limitation in the current study involves the use of strictly self-report instruments. This type of measurement, while relatively easy to collect, does not allow for more objective measurement of that variable. Additionally, self-report measures regarding counseling leave out an important factor--the act itself. Another recommendation, then, would be to conduct similar studies using more objective variables to assess multicultural counseling competency, such as supervisor assessments.

Yet another shortcoming involves the use of the POCRIAS, an instrument with little validity testing. The POCRIAS was used because of the extremely small  $n$  for each specific ethnic group, and because of the similar theoretical underpinnings to the other, more established, WRIAS. Although the POCRIAS is a more inclusive measure, no reliability or validity data has been published for this measure, and the lack of such could affect the results. Additionally, questions have been raised as to whether both the POCRIAS and the WRIAS indeed measure the construct of racial identity development, as both measures appear to measure both personal feelings about identity and behaviors

that the author assumes would logically coincide, such as political ideology or involvements. Further, the POCRIAS assumes that many different ethnic groups are bonded together because of the experiences of oppression and sociopolitical disadvantage. This assumption led to large variability within the small Non-White sample ( $n=13$ ). Another recommendation, then, would be to investigate similar variables using other racial identity development measures, either for specific racial/ethnic groups or other inclusive instruments with more research behind them.

Similar to the previous study, a correlation matrix was constructed for both groups including measures of racial identity development, multicultural counseling competency, and other variables. Because of the number of subscales in the measures, as well as the additional variables examined in the current study, the correlation matrix included over 100 correlation coefficients. Because of the number of correlations performed, it is possible that some significant results could have occurred by chance. However, many of the correlations that were found to be significant in the first study are again significant in the current study, making this possibility less likely. This limitation could be addressed in future research by a) increasing the sample size, b) decreasing the number of variables examined, or c) correcting for alpha inflation.

Finally, this study's use of correlational design prevents determining causal relationships. Without specifically examining the causality or the direction of the relationships, this study is unable to determine which variable "comes first." Changes in racial identity development could lead to greater multicultural counseling competency, changes in multicultural counseling competency could lead to more complex racial identity

development, or a third variable could significantly affect both constructs. These questions have definite implications as far as training of multiculturally competent mental health professionals. This limitation could be addressed by conducting similar studies that have the ability to systematically vary levels of racial identity development or multicultural counseling competency, or by testing theoretical pathways or directions of mediation, as with structural equation modeling. While not fully causal, such methods would enable researchers to test predictions concerning the purported relationships among these variables.

This study revealed a different relationship between racial identity development and multicultural counseling competency over time, depending on racial/ethnic group. Future research may benefit from examining these differences further, in an effort to better understand how racial identity development and multicultural counseling competency are related to one another in different cultural groups. This investigation also demonstrated that multicultural counseling competency remained fairly stable over time, as opposed to the instability of racial identity development. As both of these variables are central in the practice of counseling psychology, further research in this area will continue to improve the quality of our work with others different from ourselves.

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APPENDIX A  
PARTICIPANT LETTER

March 19, 1999

Dear (graduate student),

You may remember that you participated in a study on multicultural counseling competency and racial identity development in the Spring of 1997. Your participation was greatly appreciated, as the study revealed a significant relationship between those two variables.

In your study materials, you were informed that the first study was part of a longitudinal investigation. The second part of this study will serve as my dissertation work and will investigate the relationship of these two variables over time.

Being that there were a small number of participants for the first phase of the study, your participation in the second phase is extremely important, as I must attempt a 100% return rate!! To this end, each participant will receive \$10 when the completed study is returned.

This packet contains:

- 1) Informed consent form. This form will be stored separately from other materials to protect anonymity.
- 2) Multicultural Counseling Awareness/Skills Inventory-Form B
- 3) the racial identity instrument you completed previously
- 4) demographic data sheet

VERY IMPORTANT: please make sure to fill out both sides of all forms

Please return this information as soon as possible. You may fax the packet if you wish to (352) 392- . You may also request to have the instruments sent to you via email and respond in that manner using the email address below. Otherwise please mail it using the enclosed envelope. Again, your participation is extremely important to the completion of this project. If you have any questions, feel free to call me at (352) 392-0601 ext. 427, or (352) 373-8016 or you can email me at [teraesa@ufl.edu](mailto:teraesa@ufl.edu).

Sincere thanks,

Teraesa Vinson, M.S.  
Counseling Psychology graduate student

Greg Neimeyer, Ph.D.  
Training Director  
Professor of Psychology

APPENDIX B  
INFORMED CONSENT

No. \_\_\_\_\_

**INFORMED CONSENT FORM**

I, \_\_\_\_\_ give my consent on \_\_\_\_\_, to serve as a participant in this study conducted by Teraesa Vinson, a counseling psychology graduate student at the University of Florida supervised by Dr. Greg Neimeyer. My participation is completely voluntary and my consent may be retracted at any time.

The details regarding this study are as follows:

- 1) This is a national study that is designed to determine the relationship between levels of racial identity development and multicultural counseling competency. Compensation for this study will consist of the availability of survey results if requested and monetary compensation of \$10.
- 2) Procedures will include my having to complete a demographic survey and paper-and-pencil inventories which will take approximately 20 minutes to complete. I do not have to answer any questions I do not wish to answer.
- 3) There are no significant benefits or risks associated with participation in this study.
- 4) I have complete confidentiality to the extent provided by law, and all data will be presented as group findings. Only the researcher, Teraesa S. Vinson, and her research advisors, will know the details of the study. Consent forms will be kept separate from the data.
- 5) I can direct all questions regarding the study to Teraesa Vinson, University of Florida, Department of Psychology, Gainesville, FL, 32611 or (352) 392-0601. Any questions regarding research participants' rights can be directed to the UFIRB office, PO Box 112250, University of Florida, Gainesville, FL 32611-2250.

I agree to participate in the procedure and I have received a copy of this description.

\_\_\_\_\_  
Signature of the Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Participant

APPENDIX C  
DEMOGRAPHIC QUESTIONNAIRE

ID no. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Personal Data Sheet

1. Gender \_\_\_\_ 2. Age \_\_\_\_
3. Race/Ethnicity \_\_\_\_\_
4. Undergraduate College/University \_\_\_\_\_
5. Graduate University \_\_\_\_\_
6. Degree previously held before current program (circle one)  
BA/BS MA/MS MSW Other \_\_\_\_\_
7. How many years have you been in graduate school (including masters)? \_\_\_\_\_
8. Number of multicultural counseling courses taken (circle one)
- 0 1 2 3 4 5+
9. Number of multicultural workshops attended (circle one)
- 0 1 2 3 4 5+
10. In general, I would view my overall level of counseling competence as (please circle appropriate number)
- very low      1      2      3      4      5      very high
11. In general I would view my overall level of cross-cultural counseling competence as (please circle appropriate number)
- very low      1      2      3      4      5      very high
12. In your estimate, what percentage of your clients have been White? \_\_\_\_\_ Culturally diverse? \_\_\_\_\_

APPENDIX D  
SOCIAL CONTACT QUESTIONNAIRE

ID no. \_\_\_\_ - \_\_\_\_

**Please respond to the upcoming questions by using the following scale:**

- 0 None
- 1 A Few
- 2 Most
- 3 All

1. How many of your friends are of European-American descent?

- 0      1      2      3

2. How many of your neighbors are of European-American descent?

- 0      1      2      3

3. How many of your coworkers are of European-American descent?

- 0      1      2      3

**Please respond to the upcoming questions by using the following scale:**

- 0 Almost all White
- 1 Mostly White
- 2 About Half your group
- 3 Mostly your group
- 4 Almost all your group

4. When you think about your present neighborhood, are mostly Whites or people of color there?

- 0      1      2      3      4

5. When you think about the neighborhood(s) where you grew up, were mostly Whites or people of color there?

- 0      1      2      3      4

6. When you think about the high school(s) you attended, were most Whites or people of color there?

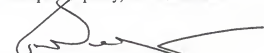
- 0      1      2      3      4

### BIOGRAPHICAL SKETCH

Teraesa Suzanne was born May 21, 1974, in St. Louis, Missouri. She attended Spelman College in Atlanta, Georgia, and graduated with a Bachelor of Arts in Psychology in 1995. After college, Teraesa moved to Gainesville, Florida, to attend the University of Florida. She received her Master of Science in Counseling Psychology in 1997. Teraesa is currently completing her Doctor of Philosophy at the New Jersey Veterans' Affairs Medical Centers in East Orange and Lyons, New Jersey.




I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



---

Greg Neimeyer, Chairman  
Professor of Psychology


I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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Monte Bein  
Assistant Professor of Psychology


I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



---

Lisa Brown  
Assistant Professor of Psychology


I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



---

Gary Geffken  
Associate Professor of Clinical and  
Health Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



---

David Suchman  
Professor of Psychology

This dissertation was submitted to the Graduate Faculty of the Department of Psychology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August 2000

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Dean, Graduate School